

Prepared by and return to:

Joseph M. Sparkman, Jr.
Attorney at Law
Post Office Box 266
Southaven, MS 38671-0266
662 349-6900

STATE MS.-DE SOTO CO.
FILED

MAR 26 9 07 AM '01

WARRANTY DEED

Raymond L. Ginn and wife, Wally E. Ginn
GRANTORS

to:

Charles M. Brady and wife, Marcella S. Brady
GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten and No/100 Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of which is hereby acknowledged, Raymond L. Ginn and wife, Wally E. Ginn do hereby sell, convey, and warrant unto Charles M. Brady and wife, Marcella S. Brady, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, being more particular described as follows, to wit:

Lot 20, Section "B", Plum Point Villages Subdivision, in Section 6, Township 2 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 25, Pages 12-14, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Grantor's lawful spouse, Florine Ginn, departed this life on December 21, 1995 while an adult resident citizen of DeSoto County, Mississippi as evidenced by the attached death certificate.

Grantor's lawful spouse, Wally E. Ginn, joins in this instrument to convey any and all right, title and interest which he/she may have in the subject property as a result of his/her marriage to Grantor.

The warranty in this Deed is subject to rights-of-way and easements of record for public roads and public utilities, subdivisions and zoning regulations in effect, prior reservations of oil and mineral rights, all applicable building restrictions and restrictive covenants of record, in the office of the Chancery Court Clerk of DeSoto County, Mississippi, including, but not limited to, Plat Book 25, Pages 12-14.

Taxes for the year 2001 are to be paid by Grantees and possession is to be given with receipt of Deed.

WITNESS the signatures of the Grantors, this the 23rd day of March, 2001.

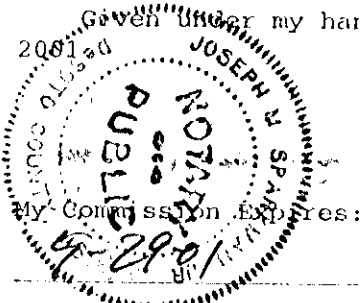
Raymond L. Ginn

Wally E. Ginn

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for the said State and County aforesaid, the within named Raymond L. Ginn and wife, Wally E. Ginn, who acknowledge that they executed and delivered the above foregoing Warranty Deed on the day and year therein mentioned as their free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and official seal of office, this the 23rd day of March,



[Signature]
Notary Public

GRANTOR'S ADDRESS:

220 RUCKENMAN TRAIL
SOUTHAVEN MS 38671

Work Phone #: NONE
Home Phone #: 662-349-3725

GRANTEE'S ADDRESS:

345 River Birch Trail
Southaven, Mississippi 38671
Work Phone #: 901-224-2374
Home Phone #: 662-349-0973

**TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

STATE FILE NUMBER

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) FLORINE GINN				2. SEX Female		3. DATE OF DEATH (Month, Day, Year) DECEMBER 21, 1995	
4. SOCIAL SECURITY NUMBER (of Decedent) 510-30-9406		5a. AGE - LAST BIRTHDAY (Years) 61		5b. UNDER 1 YEAR MOS _____ DAYS _____		5c. UNDER 1 DAY HOURS _____ MIN _____	
6. DATE OF BIRTH (Month, Day, Year) JUNE 29, 1934				7. BIRTHPLACE (City and State or Foreign Country) WICHITA, KANSAS			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No				9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify) _____			
9b. FACILITY NAME (If not institution, give street and number) BAPTIST CENTRAL HOSPITAL				9c. CITY, TOWN, OR LOCATION OF DEATH MEMPHIS		9d. COUNTY OF DEATH SHELBY	
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) RAYMOND GINN		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) HOMEMAKER		12b. KIND OF BUSINESS/INDUSTRY HOME	
13a. RESIDENCE—STATE MISSISSIPPI		13b. COUNTY DESOTO		13c. CITY, TOWN OR LOCATION SOUTHAVEN		13d. STREET AND NUMBER OR RURAL LOCATION 345 RIVER BIRCH TR.	
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38167		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Specify, if yes: _____		15. RACE—American Indian, Black, White, etc. (Specify) WHITE	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 9 College (1-4 or 5+) _____							
17. FATHER'S NAME (First, Middle, Last) FRANK HOOK, SR.				18. MOTHER'S NAME (First, Middle, Maiden Surname) MARJORIE A. FULLER			
19a. INFORMANT'S NAME (Type/Print) RAYMOND GINN				19b. RELATIONSHIP TO DECEASED HUSBAND		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 345 RIVER BIRCH TR., SOUTHAVEN, MS 38167	
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify) _____		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) MEMORIAL PARK SOUTH WOODS		20c. LOCATION—City or Town, State MEMPHIS, TN.			
21a. SIGNATURE OF FUNERAL DIRECTOR Michael A. Sandiffer		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4360		21c. SIGNATURE OF EMBALMER Charles L. Vinson		21d. LICENSE NUMBER OF EMBALMER 3556	
22a. NAME AND ADDRESS OF FUNERAL HOME MEMORIAL PARK FUNERAL HOME, 5668 POPLAR AVE., MEMPHIS, TN 38119						22b. LICENSE NUMBER OF FUNERAL HOME 522	
23. REGISTRAR'S SIGNATURE <i>Mary Ann Bradshaw</i> Deputy				24. DATE FILED (Month, Day, Year) JAN 08 1996			
25a. PHYSICIAN—To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>Meduri</i>				25b. LICENSE NUMBER MD 19185		25c. DATE SIGNED (Month, Day, Year) 1/3/96	
26a. MEDICAL EXAMINER—On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) DR. G. UMBERTO MEDURI, 930 MADISON AVE., MEMPHIS, TN 38103							
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → SEPTIC SHOCK DUE TO (OR AS A CONSEQUENCE OF): b. PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Approximate Interval Between Onset and Death							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. _____						29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
						29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 8 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
31d. DESCRIBE HOW INJURY OCCURRED				31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
31e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)							

NAME OF DECEDENT:
For use by physician or institution

DECEDENT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE., MEMPHIS, TENNESSEE
THIS IS TO CERTIFY that this is a true and correct copy of the record filed with
the Tennessee Vital Records by the Memphis & Shelby County Health Department.

SEAL

JAN 12 1996

Date Issued _____

by Glenn D. Fouse
Glenn D. Fouse, Registrar
Vital Records Section